

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of:

Shahriar Ahmed

Serial No.: 10/632,944

Filed: July 31, 2003

For: SUPER SELF-ALIGNED COLLECTOR DEVICE
FOR MONO-AND HETERO BIPOLAR
JUNCTION TRANSISTORS, AND METHOD OF
MAKING SAME

Examiner: Fetsum Abraham

Art Unit: 2826

Fee
Only

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Notice of Non-Compliant mailed December 21, 2004, Applicants respectfully request the Examiner to enter the following amendments and consider the following remarks:

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 3, 2005

Date of Deposit

Michelle Begay

Name of Person Mailing Correspondence

Signature

Michelle Begay

January 3, 2005

Date

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10632944

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 23	= 1
Independent	* 6	Minus *** 6	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL		OR	TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	50
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	50

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.